

Puerto Rico Stand-Alone Prescription Drug Plan Organizations (PDP Region 38)

* The beneficiary drug premium covers prescription drugs only and does not cover medical or hospital benefits. Beneficiaries are responsible for their Part B premium and any premiums for Medigap coverage to meet their individual needs.

Includes contracts/plans approved as of September 25, 2005. The data does not reflect information for some demonstrations, National PACE organizations, Employer sponsored plans, or plans that were not approved by the "As of" date of the chart.

Organization Name	Plan Name	Beneficiary Total Drug Plan Premium *	Drug Deductible			Includes Tiered Copoly- ments for Drugs	Type of Additional Coverage Offered in Coverage Gap		Mail Order Offered	Number of Top 100 Drugs on Formulary
			Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
Community Care Rx	CCRX BASIC	\$28.16			•	•				89
	CCRX CHOICE	\$36.21			•	•				89
	CCRX GOLD	\$40.22		•		•				89
MCS Classicare	MCS Classicare Rx	\$20.86			•				•	88
	MCS Classicare Rx2	\$41.25	•			•			•	94
PICA	Pharmacy Insurance Corporation of America	\$31.17	•			•				84
Preferred Medicare Choice, Inc.	PDP Senior RX Standard	\$15.01			•					
	PDP Senior RX Enhanced	\$28.35	•			•		•		
Triple-S	FarmaMed	\$30.05			•	•			•	65
United HealthCare Insurance Company	AARP Medicare Rx by UnitedHealthcare	\$31.34	•			•			•	96